

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016 | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 8792.75 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.38173 | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016 | | |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | | |
| Calendar Year-To-Date Per Election for Office Sought 51639.70 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016 | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 8792.75 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.38174 | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016 | | |
| Name of Federal Candidate WILLIAM HURD | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought 53510.03 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 17585.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 03 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|--------------------|------------------------------|---|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016 | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 8792.75 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.38175 | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016 | | |
| Name of Federal Candidate TIMOTHY E SCOTT | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 49691.46 | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------|-------------------|---|--|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination MM / DD / YYYY | | |
| Mailing Address | | | Amount | | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY | | |
| Purpose of Expenditure | | Category/ Type | | | |
| Name of Federal Candidate | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 8792.75 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 26378.25 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
08 / 03 / 2016

Signature